10 Business Rules for CMS Net Web

Business Rules for CMS Net Web

For your reference, the business rules are consolidated in this section of the user guide. These business rules summarize the guidelines for CMS Net Web.

Provider

#	Business Rule
Paneling	
1.	For physicians, specialty values will be provided in the Specialty field. For other provider types, allied health values will be provided in the Allied Health field.
2.	Depending on the value selected for the Specialty/Allied Health drop-down, the Other Emphasis values that apply to the Specialty/Allied Health appear in the drop-down.
3.	Duplicate entries of a Specialty/Allied Health will not be accepted.
4.	An individual provider may have multiple provider IDs. Specialty changes on the Paneling tab for one of the provider IDs will automatically update the specialty records for the other provider IDs in CMS Net Web.
Hospital	
1.	CMS Net Web will store the approval information according to either the old or the new standard, but not both standards for the same hospital at the same time.
SCC Details	
1.	The following SCC Types are available for Inpatient SCCs: • 7.12 – Regional Neonatal Intensive Care Unit • 7.13 – Community Neonatal Intensive Care Unit • 7.14 – Intermediate Neonatal Intensive Care Unit • 7.25 – Pediatric Intensive Care Unit • 7.29 - ECMO • 7.5 – Rehabilitation Centers The hospital level field will display for the approved Inpatient SCC types.
2.	An SCC cannot be created unless it is associated to an approved inpatient hospital.
3.	For SCC 7.12 – Regional Neonatal Intensive Care Unit, 7.13 – Community Neonatal Intensive Care Unit, or 7.14 – Intermediate Neonatal Intensive Care Unit, one of the following HRIF services must be specified: ☑ HRIF *(NICU has an approved HRIF)* Arranged HRIF __*(specify hospital in the text field)*_____ ☑ Other (then specify the HRIF facility in the Comments field)
4.	For SCC 7.06 - Speech & Hearing Centers, the Hearing and Speech drop-down is required. For all other SCC Types, the Hearing and Speech drop-down is disabled.

#	Business Rule
5.	Either the CCS or the GHPP check boxes (or both) must be checked.
6.	If the SCC Approval Type is conditional or provisional, a Review Date must be entered.
SCC Association	
1.	A provider can have associations to many different SCCs.
2.	A provider may be associated to the same SCC several times (if he/she is a member of different teams).
3.	CMS Net Web will end-date the provider's association with SCCs once all of the provider's paneling expires according to the PSU Mgmt tab.

Service Authorization Request (SAR)

#	Business Rule
Enter SAR	
1.	The list of Category values that require state approval are: • Baclofen Pump (Non-EPSDT-SS) • Botulinum Toxin (Non-EPSDT-SS) • CoaguCheck Sys-Prothrombin Time Self-Testing Sys • Cochlear Implant Pre-Evaluation • Cochlear Implant Surgery and/or Follow-up Services • Diaphragmatic Pacers • Eye Prostheses which include Part of the Face • FM Sys/Assistive Hearing Devices Related Equipment • FM System/Assistive Hearing Devices • Medical Foods • Medical Nutrition Therapy not covered by a SCC • Miscellaneous Non-Benefit Items • New Treatment Modalities and Interventions • Non-Benefit DME • Non-Benefit Eyewear • Non-Benefit Hearing Aids • Non-Benefit Hearing Aids Related Equipment • Non-Benefit Pulmonary Devices • Non-Benefit Radiology Services • Occupational Therapy Beyond Benefit Limitation • Other Audiology Surgically Implanted Devices

#	Business Rule
	• Skilled Nursing Servcies other than IHO • Selective Posterior Rhizotomy (Non-EPSDT-SS) • Speech Pathology Services Beyond Benefit Limitations • Vagal Nerve Stimulator (Non-EPSDT-SS) • Wheelchair Lifts If the SAR is entered with one of these categories, the status will change to Request-Approval upon submission. A SAR with Request-Approval status cannot be authorized. A user with State Administrator, Regional Office Administrator, oir SAR EPSDT-SS security level must update the SAR to Approved-Y or Approved-N status (by selecting "Yes" or "No" for the State Approved option button).
2.	If a SAR is specified as EPSDT-SS or CCS-SS, a category must be selected. The SAR will be Pending if the category selected does not require state approval; otherwise the SAR will have Request-Approval status.
3.	The user must enter units for all medical procedure codes, dental procedure codes, drug codes, and medical supply codes. The units field will default to "1" for a service code groupings.
4.	The user must specify a number of units and quantity for all National Druc Codes (NDC), including diabetic test strips and lancets.
5.	Once a SAR has been entered, the status becomes pending. The SAR can be modified to update procedure codes and service dates. The SAR's provider cannot be changed. If the incorrect provider was entered, a pending SAR may be denied or deleted.
6.	The Service Request Date is mandatory and must be populated with a date that is on or before today's date. This field reflects the date that the request for services was received.
Number of Days Rules	
1.	The user must enter a service begin date. For all providers other than Inpatient Hospitals, the user can enter either the service end date or the number of days. • If the Number of Days field is left blank, it will be calculated as the Service End Date minus the Service Begin Date • If the Service End Date field is left blank it will be calculated as the Service Begin Date plus the Number of Days • If the user enters both the Service End Date and the Number of Days, these fields must equal the same date.
2.	The Service End Date and Number of Days fields are required when the provider is an Inpatient Hospital.
Service Codes	
1.	The user cannot associate service codes to a service request when the provider is an Inpatient Hospital.
2.	For all providers other than Inpatient Hospitals, the user must select at least one service code before successfully submitting the request.
Authorize/Extend SAR	
Client Rules	
1.	The client must be under 21 years of age during the service period, unless the user has SAR Override, State Administrator, or

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	Regional Office Administrator security level.
2.	A client who is over 19 years of age cannot be authorized for Malocclusion Orthodontia services unless the user has SAR Override, State Administrator or Regional Office Administrator security level. There are specific dental procedure codes and dental service groups that relate to malocclusion orthodonia services.
3.	The client must have CCS Eligibility during the service period to be issued a SAR. CCS Eligibility is defined as: • Eligible Financial Status • Eligible Residential Status • Eligible Client Eligibility Status (CCS aid code assigned)
4.	The client must have a valid program eligibility period during the service period.
5.	The legal county for the SAR is the client's legal county at the begining of the service period. Only users with SAR County, State Administrator or Regional Office Administrator securtiy level will be allowed to override the county to '59.' This is done by checking the "State Funded" check box on the Enter SAR screen.
6.	If the client currently has private HMO coverage, the client must have a denial of services from the HMO. The user will be prompted with a message regarding the HMO coverage if the HMO plan is listed on the client's insurance screen in CMS Net without a stop date, or a stop date in the future. However, this is only a reminder and the continue button may be selected to authorize the SAR.
7.	Clients with 9M aid codes will have a reporting category of Vendored Therapy. The reporting category cannot be changed and only medical therapy procedure codes can be authorized.
8.	Clients with 9M and 9N aid codes will not be allowed to receive dental SARs.
Service Period Rules	
1.	The SAR service period cannot exceed <u>one year</u> unless the user has SAR Override, State Administrator or Regional Office Administrator security level. Annual reviews must be completed for HRIF and Orthodontia for residential eligiblity and the SAR can be extended.
2.	The SAR service period must occur during Client Eligibility Period and Program Eligibility Periods.
3.	Service End Date cannot go beyond the client's 21st birthday or the Program End Date unless the user has SAR Override, State Administrator, or Regional Office security access.
4.	The service period may overlap two or more consecutive Client Eligibility and Program Periods, as long as there is no gap in either of the periods (Eligibility and Program period).
Provider Rules	
1.	Medical and Dental providers must have "Active" status on the Provider Master File during the service period of the SAR.
2.	Providers that require paneling (based on the Provider Type) must be paneled during the service period. Examples of provider types that require paneloing are are Physicians (26), Occupational Therapists (19), Physical Therapists (25), etc.

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3.	Special Care Centers and Inpatient Hospitals must be CCS approved before a SAR may be issued.
4.	Only Pharmacy/Pharmacist (provider type 24) may be authorized National Drug Codes (NDC).
5.	If you enter a SAR to a manually entered provider (Non-PMF), you CAN NOT authorize the SAR. You can only deny the request for service.
6.	Requests cannot be authorized to Group Providers. This includes provider types • "Group Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner" (Provider Type 010), • "Physicians Group" (Provider Type 022) • "Optometric Group" (Provider Type 023) • "LCSW Crossover Provider Only" (Provider Type 034) • "Group Respiratory Care Practitioners" (Provider Type 062)
Number of Days Rules	
1.	The user must enter a service begin date. For all providers other than Inpatient Hospitals, the user can enter either the service end date or the number of days. • If the Number of Days field is left blank, it will be calculated as the Service End Date minus the Service Begin Date • If the Service End Date field is left blank, it will be calculated as the Serice Begin Date plus the Number of Days If the user enters both the Service End Date and the Number of Days, these fields must equal the same date.
2.	The Number of Days field is required when the provider is an Inpatient Hospital.
3.	The specified number of days for Inpatient Hospital SARs cannot exceed the number of days allowed for the inpatient hospital's level of service, unless the user has SAR Override, State Administrator or Regional Office Administrator security level.
4.	When extending a SAR, the number of days for all linked authorizations will be considered for Inpatient Hospital SARs. Only users with SAR Override, State Administrator, and Regional Office Administrator will be able to authorize more days than allowed by the hospital's level of service.
Service Code Rules	
1.	Medical Procedure Codes must be consistent with the Provider's Category of Service to authorize the SAR. Similarly, the medical Service Group must be allowed for the Provider Type in order to authorize the request.
2.	All service codes have an associated indicator status. All service codes with a Pend or Deny indicator of "D" or "T" will not be authorized, unless the user has SAR Override, State Administrator or Regional Office Administrator security level.
3.	Service codes that have an end date that occurs before the end date on the service request will not be authorized. Only users with SAR Override, State Administrator or Regional Office Administrator security level may authorize a SAR with an end-dated service code.
4.	All Service codes on a SAR must have an associated units entry. Service Code Groupings will always have units of 1.
5.	If an EPSDT-SS SAR contains a service code that does not have a price on file at any point during the service period, a user with

#	Business Rule
	SAR EPSDT-SS or State Administrator security level may enter a negotiated amount.
6.	A service request is considered a duplicate if the following information is the same on another service request: provider, client, service codes, and service period. The user will be prompted with a message that a duplicate SAR exists and the user will be given the opportunity to proceed with the authorization or not.
7.	SARs with a reporting category of Vendored Therapy may only include "Vendored Therapy" codes. These codes are: X4100, X4102, X4104, X4106, X4110, X4112, X4114, X4116, X4118, X4120, X3908, X3910, X3920, X3922, X3926, X3928, X3930, X3932, X3934, X3936.
8.	If a specific NDC code is not found using the "Drugs Requiring Prior Authorization" search, users with SAR Override, State Administrator and Regional Office Administrator security level will be allowed to manually enter an NDC code. This may be used when a client has adverse reactions to generic brand medication and needs to be authorized for a specific Brand name.
9.	Only medical procedure codes for Durable Medical Equipment (DME) and DME accessories allow for a rental or purchase modifier. DO NOT enter these modifers on any other codes, including Prosthetics and Orthotics.
General Rules	
1.	A user may authorize a SAR for clients associated with their county or regional office during the entire service period.
2.	Only SARs with a status of Pending and Approved-Y SARs may be authorized.
3.	A SAR must have the status of State Approved – Yes (Approved-Y) to authorize the SAR if the service category of the SAR requires state approval.
4.	An authorized service request may be modified if the request has not been sent to the Fiscal Intermediary (FI). Authorized, Cancelled, and Extended Service Requests are sent to the FI's at 6pm every night.